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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/756,764			ing Date 14/2004	☐ To be Mailed
APPLICATION AS FILED – PART I OTHER THAN  (Column 1) (Column 2) SMALL ENTITY ⊠ OR SMALL ENTITY												
Н	FOR	JMBER FIL	.ED	NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		ı	N/A		1	N/A	
	EXAMINATION FE (37 CFR 1 16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•		ı	X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
*  f	the difference in colu	r "0" in col		TOTAL		J	TOTAL					
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY			
AMENDMENT	10/26/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 32	Minus	* 32		= 0	П	X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	· 5	Minus	3		<b>=</b> 2	П	X \$110 =	220	OR	X S =	
	Application Size Fee (37 CFR 1.16(s))											
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i))									OR		
								TOTAL ADD'L FEE	220	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT	08/15/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	· 32	Minus	32		= 0	П	X \$26 =	0	OR	x s =	
	Independent (37 CFR 1 16(h))	* 5	Minus	*** 5		= 0		X \$110 =	0	OR	X 8 =	
N.	Application Size Fee (37 CFR 1.16(s))						ı			l		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))									OR		
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write *0' in column 3.  ** If the *Highest Number Previously Paid For 'N THIS SPACE is less than 3, enter *20'.  **If the *Highest Number Previously Paid For 'N THIS SPACE is less than 3, enter *3'.  The *Highest Number Previously Paid For '(Total or independent) is the highest number found in the appropriate box in column 1.												

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